

Sample Form (03-04)

## AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Cynthia Ann Adiano et al	
Application No. 09/733,737	
Filed: 12/08/2000	
Title: SECURE ELECTRONIC SOFTWARE DISTRIBUTION	
Attorney Docket No. RAL920000041US1	Art Unit: 2134

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
James Boice Dillon & Yudell 8911 N. Capital of Texas Hwy, Suite 2110 Austin, TX 78759 US	44,545

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

## SIGNATURE of Practitioner of Record

Name	John R. Pivnichny		
Signature		Date	02/24/05
Registration Number	43,001	Telephone	607-429-4358

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.